

MCC Post Implementation Virtual Q & A

January 11, 2018

Q: Medicaid Application submitted but can't do the Admission – my understanding was that we could without MA coverage but I get the message “VM_BVM.403634: Member does not have required eligibility in CHAMPS”

A: Yes providers, with the exception of Hospice admissions, can enter an admission for a person who has no Medicaid ID number or active coverage.

Q: Now that the Patient Pay Amount (PPA) issue has been resolved, now the Benefits Plans are not showing.

A: The PPA issue has not yet been resolved, we ask providers if they notice a beneficiary has a missing PET or benefit plan to contact provider support to let us know.

Q: Is the upload working to submit the signed document needed for hospice?

A: Yes. Document Management Portal (DMP) should be working, if you are still not able to upload or need assistance please contact Provider support.

Q: The Medicaid HMO's are telling us that we need to discharge the patient and re-admit for every hospital leave less than 30 days. Our understanding was that we didn't do that.

A: Providers are encouraged to follow current Leave Day policy within the Medicaid Provider manual. Billing and Reimbursement for Institutional Providers section 8.3 and in the Nursing Facility Chapter section 11.

Q: Hospice patient in the community transfers to the Hospice Residence for 5 days of Respite or GIP. Do we need to discharge from the community PET and re-admit under the residence and then again when/if they return to the community?

A: Yes if the beneficiary has a change in living arrangements then they would need to be discharged from the Hospice and readmitted with the updated arrangement.

Q: When do we enter Medicaid Pending admissions? We tried entering a Pending Resident, CHAMPS did not process past the first section. We ended up exiting CHAMPS.

A: Providers, with the exception of Hospice, can enter an admission for a Medicaid pending beneficiary. If you are not able to enter the admission please contact Provider Support with a screen shot of your error and beneficiary ID.

Q: I entered the Inpatient admission but is there something else I need to do other than entering the discharge to complete a Medicaid application for my self-pay admissions?

A: No, once the admission information goes to Bridges it will mail a paper Medicaid application to the patient. The DHHS county worker will review the case and add eligibility as determined.

Q: The hospice MSA17-46 form being signed at a in home admission need to also be uploaded when a patient is discharged? Can Hospice providers use Medicare-compliant discharge forms rather than the Champs form? Can a clarification be published on this? L-Letters have only addressed admission paperwork, not discharge paperwork.

A: The alternate signature form for Hospice providers is outlined in the Biller B Aware and list serve message that was sent January 4, 2018, soon to be an L-letter.

Q: Do discharges have to be entered if expected to return?

A: If the beneficiary is leaving your facility then they should be discharged, again following the appropriate leave day policy outlined within our provider manual.

Q: What about respite in a nursing home, do we need to discharge and re-admit the beneficiary?

A: This would depend on where the beneficiary was residing prior to needing respite care. If the beneficiary was residing in the community then yes a discharge would need to be completed and a new admission completed.

Q: Do we enter discharge date before LTC-NFAC coverage is added that we are waiting for? I noticed after entering an admission the Roster shows "Completed – waiting for MA" but if the patient discharges and I add the discharge, the Roster shows "Completed" only. It no longer shows waiting for MA.

A: The completed-waiting for MA status will remain as each night CHAMPS will check Bridges for up to 180 days for the eligibility being added to complete the admission. If the beneficiary is discharged before the eligibility is added then the record will update to complete as it's no longer active/open.

Q: When will DMP be corrected to allow uploading Hospice Admission/Discharge paperwork?

A: DMP is working correctly and should allow providers to upload.

Q: Will this be the way we now update Spenddowns for Inpatient Admissions?

A: Yes, per [MSA 17-46](#) there are three instances when an Inpatient Hospital Provider will enter an admission via the screens within CHAMPS.

- Medicaid deductible beneficiaries (regardless of the length of stay).
- Medicaid eligible beneficiaries if their stay is expected to be 30 days or greater.
- Private Pay admission if applying for Medicaid (regardless of length of stay).

Q: Medicaid HMO cannot be admitted in CHAMPS get an error when it says MHP-COMM so provider inquiry says Health Plan needs to go in and discharge from community. We were told MCD HMO's weren't going until phase 2 of MCC, how does SNF do this admission and get the correct PET?

A: Providers are responsible for entering all admissions and discharges to their facility. Providers are not responsible for enrolling a beneficiary into a Medicaid Health Plan (MHP) or other program that would be the responsibility of the program or DHHS county worker.

Q: What if we have the Medicaid application, do we fax that first? Then enter the admission? We are a LTC facility and we submit Medicaid application.

A: Providers do not need to fax the Medicaid application. When the admission is completed within CHAMPS for a person who is self-pay and once the admission information goes to the Bridges eligibility system it will mail out a paper application to the patient.

Q: Are hospital admits under 30 days still entered for deductibles, private pay, and pending Medicaid?

A: Yes as outlined in MSA 17-46.

Q: Previous direction is when patient is part of MCO or other Health Plan, Hospices should submit admission/discharge notices. When we've asked for clarification, we've been told not to report Hospice Admission/Discharge. Which is correct?

A: Correct, if the beneficiary is in a MHP the Hospice provider is still responsible for entering the admission and discharge via the screens within CHAMPS.

Q: How are MDHHS case workers notified of admits for their deductible cases in order to process the consumers deductible?

A: When the admission is entered in CHAMPS, there is a feed that is sent nightly from CHAMPS to the Bridges eligibility system. The DHHS county worker will be able to see an electronic version of screens similar to the admission that was completed within CHAMPS.

Q: When living arrangements have changed, so we have to obtain new election forms signed by the beneficiary, or can we use the original form they signed and append a note regarding the location change?

A: If the beneficiary has a change in living arrangement then the current admission record would need to be discharged then a second admission completed with the correct living arrangement.

Q: Per the Biller B Aware the form in home hospice admissions we are using the "alternate form for Hospice election statement" if the hospice discharges the patient alive can we have the same alternate form signed and upload when the on line discharge is completed?

A: Per MSA policy the alternate CMS form applies to both admissions and discharges.

Q: We are a CMH facility - how are we going to be notified of hospital admissions if they are only entered on the hospital's NPI roster?

A: The hospital should be working with you as the CMH if they are admitting one of your residents for an inpatient stay.

Q: We have been told in previous webinars that SNF Medicaid applications could not be completed on line, please verify.

A: Medicaid applications can be completed online and the link is included in this document.

Q: We already have the application completed as well as documents needed. We now have to file on line? Instead of faxing?

A: That is up to the provider's choice or individual process. When the admission is completed within CHAMPS for a person who has no coverage, once that goes to Bridges it generates a Medicaid application be mailed to the beneficiary.

Q: What is the difference between "returning to community" and "returning to home" when adding an admission for SNF? Both are required fields.

A: MCC is used for multiple programs, some of the language on the admission screens pertains to their enrollments/programs.

Q: The directive states that we need to enter admission information for all Spenddown beneficiaries, but how will those entries actually impact a Spenddown patient's coverage? Do charges still have to be submitted to a local DHS office in order for spenddown amounts to be met and coverage activated?

A: The admission record notifies the DHHS county worker of the change in living arrangements, if providers have an established process to submit bills to the worker prior to MCC, providers would continue that process.

Q: Can you send a link for the Medicaid application and is this the same link for Medicaid redetermination applications?

A: The link to apply for Medicaid online is included in this document under resources.

Q: How long should it be for the NH, LTC-NFAC coverage get added after we enter the admission. Some are 1-2 days and others are longer. Is that a DHHS Issue?

A: When entering the SNF or Hospice admission if the patient being admitted has eligibility for the admission dates, an LOCD tool on file for the admission dates then once the admission is completed the PET and Benefit plan could set in real time.

Q: If a Hospital Inpatient signs with Hospice am I to Discharge at the point of signing even when they are Hospice but still remain in the Hospital?

A: If the beneficiary is leaving your facility to receive Hospice then you would need to discharge them and the hospice provider would complete their admission indicating the beneficiary was receiving hospice care in a hospital.

Q: Wouldn't that slow down the process if I'm entering and admission and that triggers BRIDGES to send an application. When one is already completed. I'm confused. When I enter the admission, can I upload my documents at the time? If I apply on line will Bridges know to avoid duplication?

A:

Q: When NH LTC-NFAC coverage is added, does the actual PPA show immediately or does that take a bit. I know there is an issue right now, but how is it supposed to work?

A: The PPA is still determined and set by the DHHS county worker.

Q: I have banks statements and verification of income. So do I send that application to my worker?

A: Yes the Medicaid application for benefits is still submitted to the MDHHS county caseworker as they still determine Medicaid eligibility.

Q: So it would be safe to say that when NH LTC-NFAC coverage is showing added and the PPA is \$0, it may change once reviewed by DHHS Caseworker?

A: If it's a newly approved Medicaid recipient.

Q: If a hospice patient goes to the hospital for short term inpatient care, what location do we assign the patient to? We only have option of Nursing home, Community & Residence. Community & Residence does not have an NPI field. What if we are providing 0657 revenue code in the hospital? We are admitting to hospice care, not admitting to a hospital.

A: If the hospital admission is greater than 30 days, the hospital would be responsible for entering the admission as outlined in MSA 17-46.

Q: When I sign into CHAMPS, I am getting Exempt record entry alert-some are my residents and some are not. Are these alerts something we need to worry about and why are we getting? They have never been my residents.

A: Please email provider support your username and we will notify our eligibility staff and CHAMPS programmers as you should not be seeing these for beneficiaries who are not admitted to your facility.

Q: Just one more MCD HMO questions, do we enter discharge date from our SNF for a patient with a Medicaid HMO going through disenrollment or with the MHP do that discharge?

A: Again all providers need to be concerned with is that they complete their admissions and discharges within CHAMPS. As far as enrolling and disenrolling into MHP or other programs that would be up to the program or DHHS county worker.

Q: If we admit a patient who is currently receiving care in a hospital, how do we admit them? Community? Plan for patient is to move into a long term care setting (NH or Home).

A: Election of hospice for a beneficiary who's currently in a hospital, depends on whether it's 30 days or greater and if the inpatient hospital completed an admission.

Q: ****Clarifying**** What I'm trying to avoid is slowing the application process. If I have a NEW application and documents listed above. What is the process? I should be doing now. As opposed to what I've been doing. This really only apply to new applications.

Shelly, Bisalski 3: (10:53) Do you want the screen shot sent to provider support email?

Q: Am I also to enter admissions for patient's that already have Medicaid-also for MCD HMO's am I still only notifying the HMO plan as I do now?

A: Yes providers are responsible for entering the admission and discharge for the beneficiary if they have MHP coverage. Providers are not responsible for enrolling the beneficiary into the MHP.

Q: Is the MSA-2565 email address is available? Can we use this address for questions rather than the general Provider Support email?

A: We ask that providers email provider support as we are trying to gather issues to communicate them to providers and get them resolved. By utilizing provider support we can track issues that providers are having and offer information or resources to help.

Q: I am entering admissions for McLaren MCD or Meridian or Priority MCD thru Champs and not the plan directly?

A: Correct, providers are responsible for entering admissions within CHAMPS via the new screens for patients who admit to their facility and are enrolled in Medicaid, an MHP, ICO or could become eligible for Medicaid, as outlined in MSA 17-46.

Q: Who's responsible to discharge of beneficiaries that occurred before 1/1/18?

A: Providers are responsible for reviewing their Roster list page within CHAMPS and discharging any beneficiaries who are no longer residing in their facility. As well as entering admissions for any beneficiary who is in their facility but does not show on the roster list page.

Resources

Medicaid Provider Training Webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html

MCC webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458---,00.html#MCC

Online Medicaid Application: <https://www.mibridges.michigan.gov/access/>

Provider Support

Email: ProviderSupport@Michigan.gov

Phone: 1-800-292-2550